

32-2 E 3R

165300 Please print, sign and return to the Department of Ecology



Water Well Report

Original - Ecology, 1st copy - owner, 2nd copy - driller

Construction/Decommission

☒ Construction☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
<input type="checkbox"/> DeWater		<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well	<input type="checkbox"/> Other _____
TYPE OF WORK: Owner's number of well (if more than one) _____				
<input checked="" type="checkbox"/> New well		<input type="checkbox"/> Reconditioned	Method: <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven	
<input type="checkbox"/> Deepened			<input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Jetted	
DIMENSIONS: Diameter of well <u>6</u> inches, drilled <u>120</u> ft.				
Depth of completed well <u>119.5</u> ft.				
CONSTRUCTION DETAILS				
Casing	<input checked="" type="checkbox"/> Welded	<u>6</u> "	Diam. from <u>+1.5</u> ft. to <u>109.5</u> ft.	
Installed:	<input type="checkbox"/> Liner installed		Diam. from _____ ft. to _____ ft.	
	<input type="checkbox"/> Threaded		Diam. from _____ ft. to _____ ft.	
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of perforator used _____				
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.				
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>108.5</u>				
Manufacturer's Name _____				
Type	<u>Stainless</u>	Model No.	<u>TELE</u>	
Diam.	<u>6</u>	Slot size	<u>12</u>	from <u>109.5</u> ft. to <u>114.5</u> ft.
Diam.	<u>5.4</u>	Slot size	<u>pipe</u>	from <u>114.5</u> ft. to <u>119.5</u> ft.
Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____ ft. to _____ ft.				
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>20</u> ft.				
Material used in seal <u>Bentonite</u>				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of water? _____ Depth of strata _____				
Method of sealing strata off _____				
PUMP: Manufacturer's Name _____				
Type: _____ H.P. _____				
WATER LEVELS: Land-surface elevation above mean sea level <u>180.8</u> ft.				
Static level <u>103</u> ft. below top of well Date <u>9.10.04</u>				
Artesian pressure _____ lbs. per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
WELL TESTS: Drawdown is amount water level is lowered below static level				
Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <u>King Water Co.</u>				
Yield:	<u>807</u> gal/min.	with <u>6.98</u> ft. drawdown after	<u>1</u> hrs.	
Yield:	<u>807</u> gal/min.	with <u>7.15</u> ft. drawdown after	<u>12</u> hrs.	
Yield:	<u>807</u> gal/min.	with <u>7.084</u> ft. drawdown after	<u>24</u> hrs.	
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)				
Time	Water Level	Time	Water Level	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of test <u>1-18-05</u>				
Bailer test	<u>8</u> gal/min.	with <u>8</u> ft. drawdown after	<u>1</u> hrs.	
Airtest	_____ gal/min.	with stem set at _____ ft. for	_____ hrs.	
Artesian flow _____ g.p.m. Date _____				
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Current

Notice of Intent No. W177691Unique Ecology Well ID Tag No. ALA 572

Water Right Permit No. _____

Property Owner Name POLNELL HEIGHTS CON CLUBWell Street Address 1589 POLNELL RdCity Oak Harbor County IslandLocation SE 1/4-1/4 SE 1/4 Sec 3 Twp 32N R 2 ☒ EWM or WWM ☐ circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

still REQUIRED) Long Deg _____ Long Min/Sec _____

Tax Parcel No. _____

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Brown clay		7
" sandy clay	7	25
" silty sand	25	83
" sandy clay	83	100
" clay	100	104
" Dirty sand	104	108
Blue sand	108	114
" clay	114	120

WELL site approved by Island County H.D.

RECEIVED

JAN 26 2005

DEPT OF ECOLOGY

Start Date 9-7-04 Completed Date 9.10.04

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller/Engineer/Trainee Name (Print) E. BOONSTRADriller/Engineer/Trainee Signature E. BoonstraDriller or trainee License No. 0088Drilling Company WHIDBEY WELL DRILLERSAddress 716 HOLBROOK RdCity, State, Zip COUPEVILLE WA 98239

Contractor's

Registration No. WHIDBWD 971LT Date 9-11-04

Ecology is an Equal Opportunity Employer. ECY 050-1-20 (Rev 2/03)

If TRAINEE,	
Driller's Licensed No.	_____
Driller's Signature	_____